

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295084</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/04/2009</b>	
NAME OF PROVIDER OR SUPPLIER  <b>CAREMERIDIAN</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>7690 CARMEN BLVD LAS VEGAS, NV 89128</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 25282 This Statement of Deficiencies was generated as the result of a Medicare re-certification survey conducted at your facility on 11/3/09-11/4/09, in accordance with 42 CFR Chapter IV Part 483 - Requirements for States and Long Term Care Facilities.</p> <p>The census at the time of the survey was 15. The sample size was 10 including 1 closed record.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p>			F 000			
F 241 SS=D	<p>The following regulatory deficiencies were identified: 483.15(a) DIGNITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 27178</p> <p>Based on observation, the facility failed to ensure an environment that maintained dignity and respect for 1 unsampled resident (Resident #10).</p>			F 241			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 241	Continued From page 1 Findings include:  On 11/3/09 to 11/4/09, the facility failed to provide a cover for the Foley catheter bag for Resident #10. The Foley catheter bag was observed half full with yellow urine, easily visible from the Pod 2 hallway.  On 11/3/09 in the morning, interview with Resident #10 revealed there was no cover for the Foley catheter bag.	F 241			
F 279 SS=D	483.20(d), 483.20(k)(1) COMPREHENSIVE CARE PLANS  A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.  The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.  The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).  This REQUIREMENT is not met as evidenced by: Surveyor: 25282	F 279			

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F 279	<p>Continued From page 2</p> <p>Based on observation, interview, record review, and document review, the facility failed to develop a comprehensive care plan for 2 of 10 sampled residents (Residents #6 and #8).</p> <p>Findings include:</p> <p>Resident #6</p> <p>Resident #6, a 15 year old male, was admitted to the facility on 10/27/08, with diagnoses of Cerebral Palsy, Mental Retardation, Traumatic Brain Injury, Contractures and Debility. On 11/3/09, Resident #6's bed was observed with a restraint enclosure canopy covering the bed.</p> <p>On 11/4/09 in the morning, the Director of Nursing (DON) indicated Resident #6 had very poor safety awareness and had crawled out of bed at night and attempted to pull on another resident's tracheostomy tubing. The resident goes to a day program during the day and is in his wheel chair most of the time. She further indicated the mesh restraint enclosure canopy was just used at night for safety as ordered by the physician.</p> <p>The physician order dated 7/27/09, ordered daily use of the enclosure canopy bed for safety awareness. The clinical records also documented consent for the use of the enclosure canopy bed and justification for its use was documented in the nursing notes.</p> <p>The Minimum Data Set (MDS) dated 9/14/09, triggered the Resident Assessment Protocol (RAP) for restraints. Staff documented in the RAP that a care plan for restraints would be</p>	F 279			

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F 279	<p>Continued From page 3</p> <p>developed. There was no documentation in the care plan for the use of restraints in Resident #6's clinical record.</p> <p>Surveyor: 27178</p> <p>Resident #8</p> <p>Resident # 8 was admitted on 10/08/09 with diagnoses including Cirrhosis of the Liver, Hepatitis C, Depression, Ascites and Clostridium Difficile.</p> <p>On 11/4/09 at 1:15 PM, the Director of Nurses (DON) revealed there was no care plan written which addressed Resident #8's Clostridium Difficile infection.</p> <p>Nurse's Notes dated 11/1/09, indicated Resident #8 was found on the floor.</p> <p>Resident #8's Fall Risk Assessment dated 10/21/08, revealed a score of 7. The Fall Risk Assessment form indicated, a "total score of 10 or above represents high risk."</p> <p>On 11/4/09 at 11:45 AM, Resident #8 revealed, "I fell after using the restroom. It wasn't a big fall. I was examined by my doctor the following day."</p> <p>On 11/4/09 at 12:30 PM, the Administrator revealed there was no written care plan to address the resident's post-fall incident.</p> <p>The facility's policy, Care Plans Revised August 2006, revealed, "To assure that the resident's immediate care needs are met and maintained, a preliminary care plan will be developed within twenty-four hours of the resident's admission.</p>	F 279			

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F 279	Continued From page 4 The Interdisciplinary Team will review the Attending Physician's order (e.g., dietary needs, medications, and routine treatments, etc.), and implement a nursing care plan to meet the resident's immediate care needs. The preliminary care plan will be used until the staff can conduct the comprehensive assessment and develop an interdisciplinary care plan."	F 279			